



STUDENT INFORMATION

2026 - 2027 Parent Information Form Naples High School Golden Eagle Band Program www.NaplesHighBand.com

Last Name	Date of Birth	CHOOSE ONE Please list Instrument(s)
		<input type="checkbox"/> Color Guard Band / Instrument
First Name	Grade	Student Cell:() - Carrier:
	Shirt Size	Student Home Address: Student Email:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #1 Phone Number
	Occupation/Special Skills: _____	<input type="checkbox"/> Number Receives Text Messages (Y or N)
Parent/Guardian #1 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night Cell Carrier: _____
Parent/Guardian #2 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #2 Phone Number
	Occupation/Special Skills: _____	<input type="checkbox"/> Number Receives Text Messages (Y or N)
Parent #2 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night Cell

Carrier: _____

AREAS OF INTEREST Please check

TASK	Strong Interest	Medium Interest	Minimal to no interest
Chaperone (Level 2)			
Concession Stand			
Equipment			
Fundraising			

TASK	Strong Interest	Medium Interest	Minimal to no interest
Trailer Pulling			
Middle School Liaison			
Senior Night			
Rhythm & Blues Dinner			

AREAS OF INTEREST Please check

TASK	Strong Interest	Medium Interest	Minimal to no interest
Officer/Chair Position			
Uniforms			
Prop Building			
Concert/Event Set Up			

AREAS OF INTEREST Please check

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